Project Information

Seeking Licensed Child Care Providers for PA NAP SACC Mini-grant Project!

You're entrusted by families with the care and well-being of their children. That puts you in the position to make a pivotal difference in their lives by helping them form positive nutrition and physical activity habits while in your care. The Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care (PA NAP SACC) program is a continuous quality improvement process focused on nutrition and physical activity practices and policies within early care and education settings. The program utilizes Go NAP SACC, an on-line, evidence-based tool, to guide you through self-assessment, action planning, implementation, policy development, re-self-assessment and reflection. The process empowers program leadership and includes individualized technical assistance to increase knowledge and improve quality of practice and policy. A limited number of programs will receive on-site, targeted technical assistance from a Child Care Health Consultant (CCHC) at no cost to the site. The CCHC will review current practices and policies, assist with developing sustainable policies, and offer guidance for continuous quality improvement.

Beyond the reward of making a difference in the health of the children in your care, those who participate and complete project requirements will also receive a $500 mini-grant to support their action steps and enhance their nutrition and physical activity practices and policies. For STAR 3 and 4 programs, and STAR 2 programs moving to STAR 3, participation in all components of the PA NAP SACC program satisfies the performance standards and/or bonus point requirements related to utilizing a health care consultant to establish and maintain health policies above those required by certification as well as participating in an organized effort to promote nutritional health for children.

The PA NAP SACC Mini-grant Project will follow the timeline below:

- Applications due by August 27, 2019
- Notification of Acceptance - September 12, 2019
- Orientation and kick-off in October 2019
- Have 8-9 months to implement!
- Reflection and wrap up in June 2020

Technical support and policy consultation will be available to all participating programs.

If you are interested in participating, please complete and submit the electronic application. If you have questions or require additional information, please contact Lori McMonigal, Coordinator for Special Projects - Tuscarora Intermediate Unit, at 717-248-4942 x 112 or lmcmonigal@tiu11.org

Funding is provided by the Pennsylvania Department of Health through the “State Physical Activity and Nutrition” federal grant and “Preventive Health and Health Services Block Grant” from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Applications must be submitted by August 27, 2019.

THIS DOCUMENT IS FOR REFERENCE ONLY. APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY.
* 1. Name of Child Care Program
   *To be eligible, programs must be a licensed child care provider

* 2. Please enter your 9-digit Master Provider Index (MPI) number. The supplied MPI number MUST align with the legal name and address provided in the PA NAP SACC application. MPI numbers are used by the Pennsylvania Department of Human Services to identify legal entities and service locations that participate in any of its programs, including child care licensing, Early Intervention, Pennsylvania Pre-K Counts, Head Start Supplemental Assistance Program, and Keystone STARS. Applicants that are not currently participating in any of these programs should contact the Early Learning Network (ELN) Help Desk at (877) 491-3818 and provide their Federal Tax ID to determine their MPI numbers. MPI numbers will not be provided without a Federal Tax ID number.

3. My program is:
   - Center-based
   - Family Child Care Home
   - Group Home
   - Other (please specify)

4. Program director/administrator/owner name

5. Phone number

6. Email address
**Applicant Information**

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<td>7. Contact person name (This is the person who will receive all emails and notifications related to the grant)</td>
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14. If it is necessary to mail information to your site/home (resources, paperwork, etc), is the above address the best one to use?

- [ ] Yes
- [ ] No
- [ ] If no, please list mailing address:
15. School district where program is located

16. If known, please share your Early Learning Resource Center (ELRC) Region.

17. On average, how many children do you serve in each of the age groups below? (The target age group for this mini-grant project includes infants, toddlers, and preschool age children.)

   Birth to 3

   3.1 - 5

   5.1 +

18. On average, please estimate the number of children you serve that are:

   White

   Hispanic or Latino

   Black or African American

   American Indian or Alaskan Native

   Asian/Pacific Islander

19. How many staff are employed at your center/group/family home?
Application Questions

20. Does your child care center/group/family home participate in the Child and Adult Care Food Program (CACFP)?

21. Please select your current Keystone STARS level:

22. Does your program have a modified summer program or schedule?

23. If yes, please explain.

24. Does your child care program currently have a written policy regarding nutrition?

25. Does your child care program have a written policy regarding physical activity?

26. Please evaluate your comfort level using technology (email, websites, online videos and resources, etc.)
27. A limited number of programs will have the opportunity to work with a Child Care Health Consultant as part of this project, at no cost. This consultant would visit your program on-site, and assist you in nutrition and physical activity policy development. Please share your level of readiness/interest in being linked with a consultant at this time (Please note - Your response on this application does not guarantee or eliminate consultation services)

- If accepted, I would be VERY interested in having a Child Care Health Consultant visit my program.
- I am uncertain at this time about having a Child Care Health Consultant visit my program.
- At this time, I am not interested/able to host a visit with a Child Care Health Consultant.

28. Has your program participated in a PA NAP SACC mini-grant project in the past? (Past participants are still eligible and welcome to apply; however, if spots are limited, priority may be given to programs who have not had a previous opportunity to participate.)

- Yes
- No
- Unsure

Other (please specify)

29. Please share how you heard about this opportunity:


* 30. Please explain your interest in the PA NAP SACC Mini-grant Project. Specifically, what are your goals for improving nutrition and physical activity practices within your program?

* 31. Please describe your commitment to and ability to complete this project, including the time required to complete the mini-grant activities (orientation, self-assessment, implementation, reflection, communication with policy consultant).
This mini-grant project is part of a larger statewide initiative which is funded by the Centers for Disease Control and Prevention. Our funding requires us to conduct a program evaluation of our various initiatives under this grant. Please indicate your program's willingness and availability (time to complete an online survey) to provide an external evaluator with information that will assist them in conducting this evaluation required by CDC.

Please click the Submit button below to enter your application.